



## Organization Resource Grant

### Project Director Final Report

Event Title	
Primary Sponsor	
Project Director's Signature	
Telephone/Fax Numbers	
Date	

**List for each event or activity** (attach a separate page if you need more spaces):

Date	Location	Event	Speaker(s)	# In Audience

**Check the statements true for your project:**

This project was the first group training that I have managed. \_\_\_\_\_

The USLD reporting requirements are appropriate. \_\_\_\_\_

The training met its objectives. \_\_\_\_\_

The project director held planning meetings with speakers. \_\_\_\_\_

The training facilities were adequate. \_\_\_\_\_

The audience actively discussed the topic. \_\_\_\_\_

The training reached new audiences. \_\_\_\_\_

The audience size met the project director's expectations. \_\_\_\_\_

The audience included:

Librarians \_\_\_\_\_

Library related organizations \_\_\_\_\_

Trustees \_\_\_\_\_

Library supporters when appropriate \_\_\_\_\_

Describe the speaker(s):

Well-prepared \_\_\_\_\_

Effective \_\_\_\_\_

Focus on event topic \_\_\_\_\_

Encouraged discussion \_\_\_\_\_

We plan to follow-up on or continue this training. How?

The publicity: what did you do and what was productive?

What is the next essential training topic for this audience?

<b>Actual Budget Spreadsheet</b> (Figures rounded to the nearest whole dollar)				
Category	Amount Requested for UPLIFT Grant*	Actual Awarded for UPLIFT Grant	Local Funds/Other Funds**	Total Funds
<b>Operating Expenses</b>				
Consultant/trainer fee				
Consultant/trainer travel				
Materials/Supplies				
Rental				
Other costs				
Total Request				
*Total funds requested from grant not to exceed \$3,000.				
**Local funds are not required, but please show local funds if there are any.				

Project Director Signature

Date

Return the project director final report, claim form, financial receipts, participants and speaker/trainer evaluations to the State Library Division within 30 days after the event.

**Return to:**

K. C. Benedict, Continuing Education Coordinator  
Utah State Library Division  
250 North 1950 West, Suite A  
Salt Lake City, Utah 84116-7901  
1-800-662-9150  
[kbenedic@utah.gov](mailto:kbenedic@utah.gov)

**Checklist** (for attachments)

1. Attach documentation, bills, and receipts. \_\_\_\_\_
2. Attach a brief type written report about what happened in your training. Include successes/problems and how well the training met your expectations. \_\_\_\_\_
3. Attach training material and publicity (press releases, emails, listserv announcements, brochures). \_\_\_\_\_